

REGISTRATION FORM
ST. MONICA'S FAITH FIRST RELIGIOUS EDUCATION PROGRAMME

FATHER: _____ MOTHER _____

ADDRESS: _____ APT: _____

CITY: _____ POSTAL CODE: _____

PHONE: _____ CELL: _____

EMAIL(S): _____

IF BOTH PARENTS WOULD LIKE TO RECEIVE EMAILS, PLEASE ADD BOTH EMAIL ADDRESSES

CHILD'S NAME: _____ DATE OF BIRTH: _____

SCHOOL: _____ GRADE AS OF SEPT 1/18 _____

SACRAMENTS RECEIVED: Please Indicate Yes or No

BAPTISM

RECONCILIATION

FIRST COMMUNION

Yes/No

(CONFESSION)

Yes/No

Yes/No

CHURCH WHERE CHILD WAS BAPTIZED: _____

(FOR PARISHES OTHER THAN ST. MONICA'S - A COPY OF BAPTISMAL CERTIFICATE REQUIRED)

CHECK DAY & TIME PREFERENCE FOR SESSIONS (PLEASE NOTE THAT THESE CHOICES ARE DEPENDENT ON NUMBER OF REGISTRATIONS & SPACE AVAILABILITY)

_____ SATURDAYS - 3 PM FOLLOWED BY 4 PM MASS

_____ SUNDAYS - 10 AM FOLLOWED BY 11 AM MASS

COMMENTS:

Signature of Parent or Guardian: _____

Last update : April 2018